



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

1920.00

Complete if Known

Application Number

10/591,333

Filing Date

August 31, 2006

First Named Inventor

Steven Porter Hotelling

Examiner Name

John E. Chapman

Art Unit

2856

Attorney Docket No.

PU040287

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES

Small Entity

Application Type

Fee (\$)

Fee (\$)

Utility

300

150

Design

200

100

Plant

200

100

Reissue

300

150

Provisional

200

100

SEARCH FEES

Small Entity

Fee (\$)

Fee (\$)

500

250

100

50

300

150

500

250

0

0

EXAMINATION FEES

Small Entity

Fee (\$)

Fee (\$)

200

100

130

65

160

80

600

300

0

0

Fees Paid (\$)

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

- 3 or HP =

Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Small Entity

Fee (\$)

Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Extension For Response Within Third Month

1110.00

RCE Fee

810.00

SUBMITTED BY

Name (Print/Type)

Vincent E. Duffy

Registration No.

(Attorney/Agent)

39,964

Telephone

(818) 480-5223

Signature

Date:

3/09/09

This collection of information is required by 35 U.S.C. 1.105. The information is required to obtain a patent and is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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| | |
|----------------------|-------------------------|
| Application Number | 10/591,333 |
| Filing Date | August 31, 2006 |
| First Named Inventor | Steven Porter Hotelling |
| Examiner Name | John E. Chapman |
| Art Unit | 2856 |
| Attorney Docket No. | PU040287 |

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Multiple dependent claims

Fee (\$)

Total Claims - 20 or HP = Extra Claims Fee (\$)

Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20.

Fee (\$)

Independent Claims - 3 or HP = Extra Claims Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

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| | | | | |
|--------------|--------------|--|----------|----------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) x | | |

4. OTHER FEE(S)

Extension For Response Within Third Month

Fees Paid (\$)

1110.00

RCE Fee

810.00

SUBMITTED BY

| | | | | | |
|-------------------|------------------|------------------|--------|-----------|----------------|
| Name (Print/Type) | Vincent E. Duffy | Registration No. | 39,964 | Telephone | (818) 480-5223 |
| Signature | | (Attorney/Agent) | | | Date: 3/09/09 |

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